Processing SCADS Files for Submission to DMHMRSAS

SCADS processing involves three procedures: checking errors, editing errors, and creating a clean output file to submit to DMHMRSAS.

Step 1: Checking Errors

- At the SCADS Main Menu, click Input Data and Error Checking.
- Choose Input Data from Extraction File and click OK.
- In the Input Selection Box, type the full name of the file, including path. Click OK.
- Click Yes to import data from the file.
- When the import is completed, choose Check Errors and Print Error Report and click OK. Follow the prompts to delete duplicate records and check errors. The hourglass pointer indicates that the program is busy checking errors. Depending upon the size of your file, this process may last up to an hour (or more).
- When error checking is complete, you will receive either a message stating that there are no errors, or a screen display of your error report. You may use the left and right arrows in the lower left corner of the horizontal scroll bar to page through your error report.
- To print the error report, click the Print button on the toolbar.
- To exit this screen, click the Exit button on the toolbar.
- If you wish to print your error report after exiting either the edit checking screens or the SCADS application itself, you may do so by choosing Print Error Report in the Data Selection window. This will print the error listing for the file input most recently.

Step 2: Editing Errors

The error report lists all records containing invalid field values (refer to the *SCADS Documentation and Instruction Update* of 06/10/02 for acceptable values). Items flagged with an asterisk (*) in the Error Description column refer to errors in the minimum dataset required by the Substance Abuse and Mental Health Services Administration (SAMHSA). These errors should be corrected before you submit your file to DMHMRSAS. All other items refer to errors in the optional dataset. Correction of optional dataset items is not mandatory, although is desirable that such errors be investigated and every effort made to prevent future occurrences.

Note: If you have no errors to correct, skip to *Step 3: Creating an Output File to Submit to DMHMRSAS* (below).

You may correct errors by 1) using the SCADS Edit Errors option, or 2) by changing the original data in your facility database and re-inputting your file into SCADS. To use the SCADS Edit Errors option:

- 1) Click Edit Errors from the SCADS Main Menu.

·   **Locate the fields to be corrected and make the appropriate changes. (Tip: Use the Find button under the toolbar to locate records quickly. Click within the search field, e.g. Client ID, and type the client ID value corresponding to the record you want to change.)**

·   **When all corrections have been made, click the Save button on the toolbar.**

·   **Click the Exit button under the toolbar when finished.**

·   **If you wish to make sure the corrections took effect, you can run the error report again. At the SCADS Main Menu, select Input Data and Error Checking. Choose Check Errors and Print Error Report, as described in Step 1 above. Do not re-input the data from your extraction file, as this will overwrite the changes you just made.**

2) If you choose instead to correct the original data in your facility database:

·   **Correct the errors and rerun your extract program to create a new extract file.**

·   **At the SCADS Main Menu, select Input Data and Error Checking and repeat each of the steps outlined in *Step 1: Checking Errors*, above.**

Step 3: Creating an Output File to Submit to DMHMRSAS

When the (final) error check has been completed, your file is ready for output to a floppy disk. To output the file:

·   **At the SCADS Main Menu, click Output.**

·   **Enter your CSB code in the Data Selection window.**

·   **Select All Records and click OK.**

·   **Choose Yes to "Output Data to Drive C:\SCADS\."**

·   **You may stop here and e-mail this (SCADSxxx.txt) file to the addressee below or continue and pack the data file.**

·   **Back at the SCADS Main Menu, click Output again.**

·   **Select Pak Output Files to A Drive and click OK. Note: You must have the file *pak.exe* installed on your hard drive to use the pak file compression utility. Please contact the addressee below if you receive a "file not found" error.**

·   **Choose Yes to "Paking output files to DRIVE A:\."**

·   **A window containing a DOS screen will pop up. When you see the message "Finished—pak" in the title bar, close the DOS screen window.**

·   **Click OK to "Delete output files from C:\SCADS."**

·   **The output file has been compressed to the A: drive as *scadsxxx.exe.* Please forward this file to DMHMRSAS via one of the following:**

U. S. Mail: **Terry Basham**   **Internet mail:** tbasham@dmhmrsas.state.va.us
            DMHMRSAS (ITS)
            P.O. Box 1797
            Richmond, VA 23218-1797
Phone: **(804) 786-7128**

Submitting New Program ID Files to DMHMRSAS

·   **From the SCADS Main Menu, choose Program ID.**

·   **At the Data Selection window, enter your 3-digit CSB code. Select Add New Program ID.**

·   **At the Program Definition Information window, enter the information requested. If you have only one record to add, click the Save button. This will save the record and exit you from this screen. If you have more than one record to add, click the Add button. This will save the current record and bring up another "blank page." When you are finished adding new records, click the Save button.**

·   **Return to the Data Selection window. (If necessary, go back into Program ID from the SCADS Main Menu.) Select Output Program ID to C:\SCADS\. This will output your file to C:\SCADS\ under the name of *pgmoutxxx.txt*, where *xxx* equals your CSB code, e.g. *pgmout047.txt*. Click Yes to output the file to C:\SCADS\.**

·   **Enter Windows File Manager (Explore). Find *c:\scads\pgmoutxxx.txt* (your CSB code). This is the file to send to DMHMRSAS.**

Note: If you are submitting data files to DMHMRSAS at the same time, you may PAK your *pgmoutxxx.txt* file along with the data files. After creating the *c:\scads\pgmoutxxx.txt* file, choose Output from the SCADS Main Menu. Enter your CSB code. Choose Pak Output files to A Drive. This will PAK all files in *c:\scads* with a file extension of *".txt"* to a diskette in Drive A. (These instructions assume that you have already output All Records from your data files to *c:\scads*.) Submit the resulting *scadsxxx.exe* file to DMHMRSAS as described above. The file may also be sent without packing via e-mail.

SCADS
DOCUMENTATION AND INSTRUCTION UPDATE

INTRODUCTION

This document expands and modifies the existing documentation for the mandated quarterly submission of the Statewide Client Automated Data Set (SCADS). As of the CSB data submission due in the Office of ITS by 30 days after the last day of the quarter, the SCADS data set file will contain the following record types:

- Admission Records: These records will provide demographic, diagnostic and substance abuse data on clients as of the client's admission;

- Discharge Records: These records provide demographic, diagnostic and substance abuse information on each client as of the date of the discharge from the CSB.

- Program Transaction Records: When a client is enrolled into, or released from, CSB service programs, a program transaction record is generated to provide demographic, diagnostic and substance abuse information on that client as of the date of the program transaction.

Compliance

The data submission as detailed within this document is in full compliance with:

- The Individualized Client Data Elements IV (ICDE-IV)
- The Core Service Taxonomy 6
- The Current Performance Contract

Compatibility with Previous Versions

Every effort has been made to assure that the current SCADS version is fully compatible with the data format and detail data responses in previous SCADS versions. No data values that were valid with previous versions of the system have been altered in order to maintain historical data integrity, and the data format of the new version is similar to the format of previous versions.

Those changes in response values and/or file format that have been made are listed below. In each case, the field number listed is the number for the Version of SCADS which can be referenced in the SCADS File Layout and Description document attached as Appendix A:

- **Transaction Type (Field #: K1):** The valid field responses have been reduced to 4. These are:

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OA-CSB Admission: This code was established in SCADS Version 1.2 and is currently used by all 40 CSBs for the submission of SCADS files. Records with OA as field K1 provide a "snapshot" of the demographic, diagnostic and substance abuse data for the reported client as of the admission date.

OD-CSB Discharge: This code was established in SCADS Version 1.2 and provides demographic, diagnostic and substance abuse data for the reported client as of the date of that client's CSB discharge. Additionally, records with OD as field K1 generates a program release transaction for all programs which this client is enrolled in as of the date of the discharge.

OE-Program Enrollment: This new code records data for the reported client at the time of enrollment in a CSB operated SA program. This transaction type has no affect on CSB admission or discharge records.

OR-Program Release: This new code records data for the reported client at the time of release from a CSB operated program. This transaction has no affect on CSB admission or discharge records.

- **Date of CSB Admission (Field #: K6):** The name of this field has been changed from "Date of Intake to CSB" in order to be consistent with the ICDE-IV.

- **Program Enrollment Date (Field #: K8):** The name of this field has been changed from "Date of Admission to Program" in order to be consistent with the ICDE-IV.

- **Primary Admission Referral Source (Field #: 10):** The name of this field has been changed from "Primary Referral Source" in order to more accurately reflect the data it represents.

- **Educational Level (Field #: 17):** Response value "02-Special Education" is no longer valid due to the addition of the Special Education field (Field #72) for FY 1994. Response 02 remains valid for data submitted and processed prior to the first FY 1994 submission.

- **Employment Status (Field #: 18):** Response values 04 and 05 have been eliminated as a result of the merging of the Employment Status field with the Not in Labor Force field with the ICDE-IV. Responses 04 and 05 remain valid for data submitted and processed prior to the first FY 1994 submission.

- **Court Ordered Evaluation (Field #: 29):** Responses 01 through 05 have been eliminated as

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a result of the changes in the data element required by the implementation of the ICDE-IV. Responses 01 through 04 remain valid for data submitted and processes prior to the first submission of FY 1994.

- **Legal Status (Field #:30):** Responses 03 and 05 have been eliminated as a result of the changes in the data element required by the implementation of the ICDE-IV. Responses 03 and 05 remain valid for data submitted and processed prior to the first submission for FY 1994.

- **Number of Prior Admission for this Provided (Field #: 32):** Two changes have been made to this field.

  a)   Response 0 through 5 have been changed to 00 through 05, and responses 7 and 8 have been changed to 97 and 98 respectively, in order to make this field consistent with the other numeric field in the dataset.

  b)   The field length has been changed to 2 in order to accurately reflect the true size of the field.

- **Number of Prior Episodes in any Drug/Alcohol Program (Field #: 34):** Three changes have been made in this field:

  c)   Responses 0 through 5 have been changed to 00 through 05, and responses 7 and 8 have been changed to 97 and 98 respectively, in order to make this field consistent with the other numeric fields in the dataset.

  d)   The field length has been changed to 2 in order to accurately reflect the true size of the field.

  e)   The starting column position has been changed from 129 to 130. The response is not located in columns 130-131.

- **Diagnosis (Fields 37 through 43):** The Axis I, II, III and V field for diagnosis identification have been designated as using the DSM IV code set. Axis IV has been eliminated from the data set.

- **Date of Program Release (Field #: 72):** This field is added in order to allow the identification of the end of a program enrollment period. Entry into the field is necessary when a client is released from one program and enrolled in another, but is not discharged from the CSB.

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- **Last Client Contact Date (Field #: 73):** This field is added as a result of the new requirements for discharge records by SAMHSA. The field is to contain date the client received his or her last direct treatment or recovery service prior to the CSB discharge.

- **Filler:** Fillers have been added to replace fields that have been eliminated or otherwise fill unused spaces in the new data set. Fillers are now located in the fields numbered 19, 33, 42, 44, 47, 51, 68 and 74.

- **Axis V** - **Highest GAF:** This field has been dropped from the SCADS Version 3.0 dataset for submission. With the maintenance of admission, program and discharge data, the information for this field will be available from history files.

- **Substance Abuse Level:** This field has been dropped from the SCADS Version 3.0 dataset as a result of its elimination as a required data item with the adoption of the ICDE-IV.

All other data elements in SCADS Version 3.0 are identical to the corresponding data elements in SCADS Version 2.0 (dated April 19, 1993).

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Minimum Data Set

As in previous versions of SCADS, CSBs need only report those data elements which are part of the SAMHSA Minimum Data Set (MDS). Response values for the SAMHSA Optional Data Set elements (ODS) may be supplied at the discretion of the submitting CSB. Minimum data set items are required only within those records that specify the item as part of the record and some fields may be required for some record types and not others (i.e., Program but not Admission). The following table lists the required and optional SCADS 3.0 data set fields:

FIELD	DESCRIPTION	REQUIRED?	REQUIRED BY
K1	Transaction Type	Yes	SAMHSA MDS
K2	Transaction Activity	Yes	SAMHSA MDS
K3	Reporting Data	Yes	SAMHSA MDS
K4	Provider Identifier	Yes	SAMHSA MDS
K5	Client Identifier	Yes	SAMHSA MDS
K6	Date of CSB Admission	Yes	SAMHSA MDS
7	Program Identifier	Yes	SAMHSA MDS
8	Program Enrollment Date	Yes	SAMHSA MDS
9	Co-Dependent/Collateral	Yes	SAMHSA MDS
10	Primary Admission Referral Source	Yes	SAMHSA MDS
11	Client Name Key	No	SAMHSA ODS
12	City/County of Residence	Yes	SAMHSA MDS
13	Date of Birth	Yes	SAMHSA MDS
14	Race	Yes	SAMHSA MDS
15	Hispanic Origin	Yes	SAMHSA MDS
16	Gender	Yes	SAMHSA MDS
17	Educational Level	Yes	SAMHSA MDS
18	Employment Status	Yes	SAMHSA MDS
19	Filler	N/A	
20	Client's Income	No	SAMHSA ODS
21	Sources of Income	No	SAMHSA ODS
22	SSI Eligibility	No	SAMHSA ODS
23	SSDI Eligibility	No	SAMHSA ODS
24	Payment Sources	No	SAMHSA ODS
25	Current Living Arrangements	No	SAMHSA ODS
26	Type of Residence	No	SAMHSA ODS
27	Marital Status	No	SAMHSA ODS
28	Veteran Status	No	SAMHSA ODS

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FIELD	DESCRIPTION	REQUIRED?	REQUIRED BY
29	Court Ordered Evaluation	No	SAMHSA ODS
30	Legal Status	No	SAMHSA ODS
31	Guardianship	No	SAMHSA ODS
32	Number of Prior Admissions for this Provider	No	SAMHSA ODS
33	Filler	N/A	
34	Number of Prior Episodes in Drug/Alcohol Programs	Yes	SAMHSA MDS
35	Ever Admitted to a Hospital for MH Problem(s)	No	SAMHSA ODS
36	Ever Admitted to a Training Center	No	SAMHSA ODS
37	Axis I - Primary	No	SAMHSA ODS
38	Axis I - Secondary	No	SAMHSA ODS
39	AxisII - Primary	No	SAMHSA ODS
40	Axis II - Secondary	No	SAMHSA ODS
41	Axis III (Y or N)	No	SAMHSA ODS
42	Filler	N/A	
43	Axis V - Current GAF	No	SAMHSA ODS
44	Filler	N/A	
45	Principal Axis	No	SAMHSA ODS
46	SMI/SED - At Risk	No	SAMHSA ODS
47	Filler	N/A	
48	Physical Disability (Occurs 7 Times)	No	SAMHSA ODS
49	Primary Disability	No	SAMHSA ODS
50	Substance Abuse Type	No	SAMHSA ODS
51	Filler	N/A	
52	SA Primary Drug - Type	Yes	SAMHSA MDS
53	SA Primary Drug - Frequency of Use	Yes	SAMHSA MDS
54	SA Primary Drug - Method of Use	Yes	SAMHSA MDS
55	SA Primary Drug - Age of First Use	Yes	SAMHSA MDS
56	SA Secondary Drug - Type	Yes	SAMHSA MDS
57	SA Secondary Drug - Frequency of Use	Yes	SAMHSA MDS
58	SA Secondary Drug - Method of Use	Yes	SAMHSA MDS
59	SA Secondary Drug - Age of First Use	Yes	SAMHSA MDS
60	SA Tertiary Drug - Type	Yes	SAMHSA MDS
61	SA Tertiary Drug - Frequency of Use	Yes	SAMHSA MDS
62	SA Tertiary Drug - Method of Use	Yes	SAMHSA MDS
63	SA Tertiary Drug - Age of First Use	Yes	SAMHSA MDS
64	Date of CSB Discharge	Yes	SAMHSA MDS
65	CSB Discharge Status	No	SAMHSA ODS

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FIELD	DESCRIPTION	REQUIRED?	REQUIRED BY
66	CSB Discharge Referral	No	SAMHSA ODS
67	Client Pregnant	No	SAMHSA ODS
FIELD	DESCRIPTION	REQUIRED?	REQUIRED BY
68	Filler	N/A	
69	Units of Service	No	SAMHSA ODS
70	Female with Dependent Children	No	SAMHSA ODS
71	Special Education	No	SAMHSA ODS
72	Date of Program Release	Yes	SAMSHA MDS
73	Last Client Contact Date	Yes	SAMSHA MDS
74	Filler	N/A	

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Preparing the Data for Submission

The SCADS data set is designed to reflect data which is collected and maintained over time in accordance with the ICDE-IV as adopted for Fiscal Year 1994. As in previous versions of SCADS, the data set should only include those clients receiving substance abuse services for all Core Service Categories and Subcategories except Emergency and Prevention services. With previous versions of the system, the data set received a record only when a client was enrolled in a service for the first time during a particular treatment episode. With SCADS Version 3.0, a record will be generated for CSB admissions, program enrollments and releases within the organization, and CSB discharges. The detail requirements for the generation of each record type in SCADS Version 3.0 are:

- **Admission Records:** An admission record is designed to provide data describing the client at the time of admission into the organization. It is generated whenever a client is admitted to the CSB for the purpose of receiving services. The requirements for the Admission record are as follows:

  1. Admission Record Dataset: The admission record consists of the following data

Transaction Type	Current Living Arrangements
Transaction Activity	Type of Residence
Reporting Date	Marital Status
Provider Identifier	Veteran Status
Client Identifier	Court Ordered Evaluation
Date of CSB Admission	Legal Status
Co-Dependent/Collateral	Guardianship
Primary Adm. Referral Source	# of Prior Adm. This Provider
Client Name Key	# of Prior Epis. in Drug/Alcohol
City/County of Residence	Ever Adm. to Hosp. - MH Prob.
Date of Birth	Ever Adm. to a Training Center
Race	Axis I - Primary
Hispanic Origin	Axis I - Secondary
Gender	Axis II - Primary
Educational Level	Axis II - Secondary
Employment Status	Axis III (Y or N)
Client's Income	Axis V - Current GAF
Sources of Income	Principal Axis
SSI Eligibility	SMI/SED - At Risk
SSDI Eligibility	Physical Disability
Payment Sources	Primary Disability

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2. Record Selection: A record is to be generated for each client who begins a substance abuse treatment during the reporting period (i.e., the client is admitted to the CSB for substance abuse services). The following applies to the admission record.

   a) An admission is defined as the point in time when a client makes contact with a CSB, a case/record number is assigned, and a service is subsequently delivered (for further clarification and examples, refer to the ICDE-IV).

   b) Only one admission record may exist for each client during a particular treatment episode. An episode is considered that period of time between CSB admissions and CSB discharge during which a continuum of services are provided as part of a formal treatment plan.

   c) In the event that a client is admitted to the CSB multiple times (i.e., multiple episodes occur), a discharge record for that client must exist for each completed episode before a new admission record can be accepted for all new clients and all existing clients discharged after June 30, 1996.

   d) Each client's admission record must be accompanied by at least one corresponding program enrollment record for that client.

3. Non-Admission Record Fields: Any data element which has not been specified as an admission record data element (e.g., CSB Discharge Date, CSB Discharge Referral, etc.) may be treated as a filler in the admission record and may contain blank spaces.

- **Program Transaction:** The program transaction record is designed to provide descriptive information about the client whenever the client is released from, or enrolled in, a CSB program. The detail requirements for the program transaction record are as follows:

   1. Program Transaction Dataset: The program transaction record consists of the following data elements:

Transaction Type	Marital Status
Transaction Activity	Axis I - Primary
Reporting Date	Axis I - Secondary
Provider Identifier	Axis II - Primary
Client Identifier	Axis II - Secondary

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Date of CSB Admission
Program Identifier
Program Enrollment Date
Client Name Key
Educational Level
Employment Status
Client's Income
Sources of Income
Current Living Arrangements
Type of Residence
SA Primary Drug-Method of Use
SA Primary Drug-Age of 1st Use
SA Secondary Drug-Type
SA Secondary Drug-Freq. of Use
SA Secondary Drug-Method
SA Secondary Drug-Age 1st Use
SA Tertiary Drug-Type
SA Tertiary Drug-Freq. of Use

Axis III (Y or N)
Axis IV
Axis V - Current GAF
Principal Axis
SMI/SED - At Risk
Physical Disability
Primary Disability
Substance Abuse Type
SA Primary Drug-Type
SA Primary Drug-Freq. of Use
SA Tertiary Drug-Method of Use
SA Tertiary Drug-Age of 1st Use
Client Pregnant
Units of Service
Female with Dependent Children
Special Education
Date of Program Release

2.   Record Selection: A program transaction record is generated when any of the following occurs during the reporting period:

a)   A client is enrolled into one or more programs;

b)   A client is released from enrolled program(s), but is not discharged (see note below);

c)   A client is transferred from one program to another.

3.   Non-Program Transaction Record Fields: Any data element which has not been specified as a program transaction record data element (e.g., CSB Discharge Date, CSB Discharge Referral, etc.) may be treated as a filler in the program transaction record and may contain blank spaces.

4.   Other: Upon processing by the ITS office, a program release transaction is generated for any discharge record received where the client is enrolled, but not released from, any program at the time of discharge. Unless the submitting CSB desires, there is no need to submit a program release record for those clients which are discharged for the reporting period. This does not apply, however, to clients who are released from programs, but not discharged from the CSB.

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- **Discharge Records:** The discharge record is designed to provide information on the client at the completion of treatment. The record is generated only when the client is discharged from the CSB. The detail requirements for the discharge record are as follows:

    1. Discharge Record Dataset: The discharge record consist of the following data elements:

Transaction Type	Client Name Key
Transaction Activity	City/County of Residence
Reporting Date	Educational Level
Provider Identifier	Employment Status
Client Identifier	Client's Income
Date of CSB Admission	Source of Income
SSI Eligibility	SA Primary Drug-Freq. of Use
SSDI Eligibility	SA Primary Drug-Method of Use
Current Living Arrangements	SA Primary Drug-Age 1st Use
Type of Residence	SA Secondary Drug-Type
Marital Status	SA Secondary Drug-Freq. of Use
Guardianship	SA Secondary Drug-Method
Axis I - Primary	SA Secondary Drug-Age 1st Use
Axis I - Secondary	SA Tertiary Drug-Type
Axis II - Primary	SA Tertiary Drug-Freq. of Use
Axis II - Secondary	SA Tertiary Drug-Method of Use
Axis III (Y or N)	SA Tertiary Drug-Age 1st Use
Axis IV	Date of CSB Discharge
Axis V - Current GAF	CSB Discharge Status
Principal Axis	CSB Discharge Referral
SMI/SED - At Risk	Client Pregnant
Physical Disability	Female with Dependent Children
Primary Disability	Special Education
Substance Abuse Type	Last Client Contact Date
SA Primary Drug-Type	

    2. Record Selection: A discharge record is generated when the client is discharged from the CSB, which is defined as the point when all services for a client stops.   The discharge may be the result of a completion of the treatment plan or any other reason which results in the formal closing of the client's case/record and discontinuance of the treatment provision. (see the ICDE-IV for further information).

    3. Non-Discharge Record Fields: Any data element which has not been specified as a

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discharge record data element (e.g., Program Enrollment Date, CSB Admission Referral, etc.) may be treated as a filler in the discharge record and may contain blank spaces.

Data Submission

This data is to be submitted in the current SCADS version's format to the Office of ITS on a quarterly basis beginning the first quarter of Fiscal Year 2000. The following will govern the reporting process.

- **Reporting Periods:** The data provided with each submission is to cover the CSB admissions, program transactions and CSB discharges for substance abuse services that occur during the fiscal quarter of the report.

- **Submission Schedule:** The following schedule applies to the submission:

Fiscal Quarter	Months Covered for Reporting	Date Due to ITS
1	July, August and September	November 1
2	October, November and December	February 3
3	January, February and March	May 1
4	April, May and June	August 1

- **Data Files:** Each CSB may submit the required data as a single file which contains the admission, program and discharge records for the quarter, or may provide a separate file for each of the record types (a total of 3 files). The requirements for both options are as follows:

  1. All files must be submitted simultaneously and may be compressed (i.e., zipped) as a self extracting executable file using the PKZip utility. A shareware version of PKZip is installed with SCADS. When extracted, each file should be named using the following conventions.

     a) Files with Admission Records Only: ADMCSB.txt where CSB is the provider ID for the CSB submitting the file. For example, Alexandria's admission record would be named ADM001.txt while Eastern Shore would submit ADM021.txt.

     b) Files with Program Records Only: PGMCSB.txt where CSB is the provider

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ID for the CSB submitting the file as in the admission records file above.

c)   Files with Discharge Records Only: DSCHCSB.txt where CSB is the provider ID for the CSB submitting the file as in the admission and program records files above.

d)   Files with Admission, Program and Discharge Records Combined: SCADSCSB.txt where CSB is the provider ID for the CSB submitting the file as in the files above.

2.   Once extracted, all files must be fixed length ASCII files matching the file layout as described in the attached documentation.

3.   All SCADS files may be submitted via an IBM PC Compatible formatted 3.5" floppy diskette or ".txt" files may be e-mailed to DMHMRSAS. All files should be received by the close of business on the due date listed above.

4.   Requests for reporting extensions must be made in writing to the Office of Substance Abuse prior to the submission deadline.

- **Error Listings:** As has been the procedure in the past, the processing of each submission will generate an error listing detailing the records with invalid or unreadable codes and values. The same process for correcting these errors will be used with the current version of SCADS.

Test Submissions

All CSBs must provide at least one test file for processing prior to submitting the 1st Quarter FY 03 SCADS. CSBs must submit at least one test file before August 1, 2002. (**The test file submission is not applicable to CSBs that have submitted data using SCADS Version 3.0 or later.**)

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DOCUMENTATION AND INSTRUCTION UPDATE

SCADS DATA FILE LAYOUT AND DESCRIPTION
FOR SUBMISSION OF SA DATA BY CSBs

SCADS Data File Layout

FIELD	DESCRIPTION	DATA TYPE	LENGTH	BEGIN COLUMN	END COLUMN
K1	Transaction Type	C	2	1	2
K2	Transaction Activity	C	1	3	3
K3	Reporting Date	N	8	4	11
K4	Provider Identifier	N	3	12	14
K5	Client Identifier	C	10	15	24
K6	Date of CSB Admission: Format = YYYYMMDD	N	8	25	32
7	Program Identifier	C	8	33	40
8	Program Enrollment Date: Format = YYYYMMDD	N	8	41	48
9	Co-Dependent/Collateral	C	1	49	49
10	Primary Admission Referral Source	N	2	50	51
11	Client Name Key	C	3	52	54
12	City/County of Residence	N	4	55	58
13	Date of Birth: Format = YYYYMMDD	N	8	59	66
14	Race	N	2	67	68
15	Hispanic Origin	N	2	69	70
16	Gender	N	2	71	72
17	Educational Level	N	2	73	74
18	Employment Status	N	2	75	76
19	Filler: Format = Spaces	C	2	77	78
20	Client's Income	N	3	79	81
21	Sources of Income (Occurs 4 times)	N	2	82	89
22	SSI Eligibility	N	2	90	91
23	SSDI Eligibility	N	2	92	93
24	Payment Sources (Occurs 10 Times)	N	2	94	113
25	Current Living Arrangements	N	2	114	115
26	Type of Residence	N	2	116	117
27	Marital Status	N	2	118	119
28	Veteran Status	C	1	120	120
29	Court Ordered Evaluation	N	2	121	122

SCADS
DOCUMENTATION AND INSTRUCTION UPDATE

30	Legal Status	N	2	123	124
31	Guardianship	C	1	125	125
32	Number of Prior Admissions for this Provider	N	2	126	127
33	Filler: Format = Spaces	C	2	128	129
34	Number of Prior Episodes in Drug/Alcohol Programs	N	2	130	131
35	Ever Admitted to a Hospital for MH Problem(s)	C	1	132	132
36	Ever Admitted to a Training Center	C	1	133	133
37	Axis I-Primary	C	5	134	138
38	Axis I-Secondary	C	5	139	143

SCADS
DOCUMENTATION AND INSTRUCTION UPDATE

FOR SUBMISSION OF SA DATA BY CSBs

SCADS Data File Layout-Continued

FIELD	DESCRIPTION	DATA TYPE	LENGTH	BEGIN COLUMN	END COLUMN
39	Axis II-Primary	C	5	144	148
40	Axis II-Secondary	C	5	149	153
41	Axis III (Y or N)	C	1	154	154
42	Filler: Format = Spaces	C	6	155	160
43	Axis V-Current GAF	N	3	161	163
44	Filler: Format = Spaces	C	1	164	164
45	Principal Axis	N	1	165	165
46	SMI/SED - At Risk	C	1	166	166
47	Filler: Format = Spaces	C	1	167	167
48	Physical Disability (Occurs 7 Times)	N	2	168	181
49	Primary Disability	N	2	182	183
50	Substance Abuse Type	N	2	184	185
51	Filler: Format = Spaces	C	2	186	187
52	SA Primary Drug- Type	N	2	188	189
53	SA Primary Drug - Frequency of Use	N	2	190	191
54	SA Primary Drug - Method of Use	N	2	192	193
55	SA Primary Drug- Age of First Use	N	2	194	195
56	SA Secondary Drug - Type	N	2	196	197
57	SA Secondary Drug- Frequency of Use	N	2	198	199
58	SA Secondary Drug- Method of Use	N	2	200	201
59	SA Secondary Drug - Age of First Use	N	2	202	203
60	SA Tertiary Drug - Type	N	2	204	205
61	SA Tertiary Drug - Frequency of Use	N	2	206	207
62	SA Tertiary Drug - Method of Use	N	2	208	209
63	SA Tertiary Drug - Age of First Use	N	2	210	211
64	Date of CSB Discharge: Format = YYYYMMDD	N	8	212	219
65	CSB Discharge Status	N	2	220	221
66	CSB Discharge Referral	N	2	222	223
67	Client Pregnant	C	1	224	224
68	Filler: Format = Spaces	C	1	225	225
69	Units of Service	N	3	226	228
70	Female with Dependent Children	C	1	229	229
71	Special Education	C	1	230	230
72	Date of Program Release: Format = YYYYMMDD	N	8	231	238
73	Last Client Contact Date: Format = YYYYMMDD	N	8	239	246

| 74 | Filler: Format = Spaces | C | 10 | 247 | 256 |

Field #: K1   Transaction Type

Description:	Key field, indicates the type of transaction for the client
Record(s):	Admission/Discharge/Program
Valid Entries:	**OA** -CSB Admission transaction **OD** -CSB Discharge **OE** -Program Enrollment **OR** -Program Release
Length: 2	**Column Position:** 1-2
Data Type:	Alpha **Field Requirement:** MDS -Required
Format:	None

Field #: K2   Transaction Activity

Description:	Key field, indicates the transaction activity for the record. As of the date of this document, this will always be A.
Record(s):	Admission/Discharge/Program
Valid Entries:	**A** -Add **C** -Change **D** -Delete
Length: 1	**Column Position:** 3
Data Type:	Alpha **Field Requirement:** MDS -Required
Format:	

Field #: K3   Reporting Date

Description:	Key field, the last day of the fiscal quarter being reported

Field #: K3   Reporting Date (continued)

Record(s):	Admission/Discharge/Program Valid date

SCADS Data File - **Field Definitions**

Valid Entries:		
	Column Position:	4-11
Length: 8		
	Numeric	**Field Requirement:** MDS -Required
Data Type:		
	YYYYMMDD	
Format:		

Field #: K4   **Provider Identifier**

Description: Key field, the identifier number for the CSB submitting the data

Record(s):   Admission/Discharge/Program

Valid Entries:
001 -Alexandria
003 -Alleghany-Highlands
005 -Arlington County
007 -Central Virginia
009 -Chesapeake
011 -Chesterfield
013 -Colonial
015 -Crossroads
017 -Cumberland Mountain
019 -Danville-Pittsylvania
020 -Dickenson County
021 -Eastern Shore
023 -Fairfax-Falls Church
025 -Goochiand Powhatan
027 -Hampton-Newport News
029 -Hanover County
031 -Harrisonburg-Rockingham
033 -Henrico Area
035 -Highlands
037 -Loudoun County
039 -Middle Peninsula-Northern Neck
041 -Mount Rogers
043 -New River Valley
045 -Norfolk
047 -Northwestern
049 -Piedmont Regional
051 -Planning District 1
053 -District 19
055 -Portsmouth
057 -Prince William County
059 -Rappahannock Area

061 -Rappahannock-Rapidan
063 -Region Ten
065 -Richmond
067 -Blue Ridge
069 -Rockbridge Area
071 -Southside
073 -Valley
075 -Virginia Beach
077 -Western Tidewater

Length: 3   **Column Position:**   12-14

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as appropriate

Field #: K5   **Client Identifier**

Description: Key field, unique identifier for each client served to allow for the tracking of services, by client, over time. The same identifier is used for the same client under multiple CSB enrollments and program admissions

Record(s):   Admission/Discharge/Program

Valid Entries:

Length: 10   **Column Position:**   15-24

Data Type: Alpha-Numeric   **Field Requirement:** MDS -Required

Format:

Field #: K6   **Date of CSB Admission**

Description: Key field, date upon which the CSB formally accepts the client for services (see the ICDE IV, Operational Definitions for Individual Client Data Element and Data Sets).

Record(s):   Admission/Discharge/Program

Valid Entries: Any valid date less than or equal to the date of program enrollment and CSB discharge date

SCADS Data File - **Field Definitions**

Length: 8	**Column Position:** 25-32
Data Type: Numeric	**Field Requirement:** MDS -Required
Format: YYYYMMDD	

Field #: 7 **Program Identifier**

Description:	The identifier for the CSB service/program in which the client is enrolled for services.
Record(s):	Program
Valid Entries:	Program identifiers provided to the Office of ITS in advance of the data submission (see the CSB Program Definition form)
Length: 8	**Column Position:** 33-40
Data Type: Alpha-Numeric	**Field Requirement:** MDS -Required
Format:	

Field #: 8 **Program Enrollment Date**

Description:	The date on which the client was enrolled within a service program within the CSB
Record(s):	Program
Valid Entries:	Any valid date greater than or equal to the admission date and less than the discharge date
Length: 8	**Column Position:** 41-48
Data Type: Alpha-Numeric	**Field Requirement:** MDS -Required
Format: YYYYMMDD	

Field #: 9 **Co-Dependent/Collateral**

Description:	A Co-Dependent/Collateral is:
	• A person seeking services due to problems arising from his/her relationship with an alcohol or drug user, and

- Has been formally admitted to the CSB and enrolled in a services program, and
- Has his/her own client record within a primary client record

Record(s):   Admission

Valid Entries: **Y** -Yes
N -No
U -Unknown
X -Not Collected

Length: 1   **Column Position:**   49

Data Type: Alpha   **Field Requirement:**   MDS -Required

Format:

Field #: 10   **Primary Admission Referral Source**

Description: The primary source for the client referral to the CSB for services

Record(s):   Admission

Valid Entries: **01** -Self
02 -Family or Friend
06 -MR Care Provider
07 -School System/Education Authority
08 -Employer/EAP
09 -Alcohol Safety Action Program (ASAP)/DUI
10 -Police/Sheriff
11 -Local Correctional Facility
12 -State Correctional Facility
13 -Community Diversion Incentive Program (CDI)
14 -Probation
15 -Parole
16 -Other Community Referral
17 -Private Hospital
18 -Private Physician
19 -Private MH Outpatient Practitioner
20 -State MH Outpatient Practitioner
21 -State MH Facility
22 -State MR Facility
23 -Non-Hospital SA Care Provider
24 -Court
25 -Department of Social Services
26 -Health Department
27 -Other Virginia CSB

97 -Unknown
98 -Not Collected

Length: 2   **Column Position:** 50 -51

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as appropriate

Field #: 11   **Client Name Key**

Description: A field consisting of the clients initials (last, first, middle).

Record(s):   Admission/Discharge/Program

Valid Entries:

Length: 3   **Column Position:** 52 -54

Data Type: Alpha   **Field Requirement:** ODS -Optional

Format: Spaces for blanks

Field #: 12   **City/County of Residence**

Description: Federally assigned code indicating the City/County of client residence at the time of the transaction

Record(s):   Admission/Discharge

Valid Entries: **0001** -Accomack County
                     0003 -Albemarle County
                     0005 -Alleghany County
                     0007 -Amelia County
                     0009 -Amherst County
                     0011 -Appomattox County
                     0013 -Arlington County
                     0015 -Augusta County

SCADS DATA FILE LAYOUT AND DESCRIPTION
FOR SUBMISSION OF SA DATA BY CSBs

SCADS Data File - Field Definitions

0017 -Bath County
0019 -Bedford County
0021 -Bland County
0023 -Botetourt County
0025 -Brunswick County
0027 -Buchanan County
0029 -Buckingham County
0031 -Campbell County
0033 -Caroline County
0035 -Carroll County
0037 -Charlotte County
0041 -Chesterfield County
0043 -Clarke County
0045 -Craig County
0047 -Culpeper County
0049 -Cumberland County
0051 -Dickenson County
0053 -Dinwiddie County
0057 -Essex County
0059 -Fairfax County
0061 -Fauquier County
0063 -Floyd County
0065 -Fluvanna County
0067 -Franklin County
0077 -Grayson County
0079 -Greene County
0081 -Greensville County
0083 -Halifax County
0085 -Hanover County
0087 -Henrico County
0089 -Henry County
0091 -Highland County
0093 -Isle of Wight County
0095 -James City County
0097 -King and Queen County
0099 -King George County
0101 -King William County
0103 -Lancaster County
0105 -Lee County
0107 -Loudoun County
0109 -Louisa County
0111 -Lunenburg County
0113 -Madison County
0115 -Mathews County
0117 -Mecklenburg County
0119 -Middlesex County
0121 -Montgomery County
0125 -Nelson County
0127 -New Kent County

0131 -Northampton County
0133 -Northumberland County
0135 -Nottoway County
0137 -Orange County
0139 -Page County
0141 -Patrick County
0143 -Pittsylvania County
0145 -Powhatan County
0147 -Prince Edward County
0149 -Prince George County
0153 -Prince William County
0155 -Pulaski County
0157 -Rappaharinock County
0159 -Richmond County
0161 -Roanoke County
0163 -Rockbridge County
0165 -Rockingham County
0167 -Russell County
0169 -Scott County
0171 -Shenandoah County
0173 -Smyth County
0175 -Southampton County
0177 -Spotsylvania County
0179 -Stafford County
0181 -Surry County
0183 -Sussex County
0185 -Tazewell County
0187 -Warren County
0191 -Washington County
0193 -Westmoreland County
0195 -Wise County
0197 -Wythe County
0199 -York County
0510 -Alexandria City
0515 -Bedford City
0520 -Bristol City
0530 -Buena Vista City
0540 -Charlottesville City
0550 -Chesapeake City
0560 -Clifton Forge city
0570 -Colonial Heights City
0580 -Covington City
0590 -Danville City
0595 -Emporia City
0600 -Fairfax City
0610 -Falls Church City

SCADS Data File - **Field Definitions**

0620 -Franklin City
0630 -Fredericksburg City
0640 -Galax City
0650 -Hampton City

Valid Entries:	
	0660 -Harrisonburg City
	0670 -Hopewell City
	0678 -Lexington City
	0680 -Lynchburg City
	0683 -Manassas City
	0685 -Manassas Park City
	0690 -Martinsville City
	0700 -Newport News City
	0710 -Norfolk City
	0720 -Norton City
	0730 -Petersburg City
	0735 -Poquoson City
	0740 -Portsmouth City
	0750 -Radford City
	0760 -Richmond City
	0770 -Roanoke City
	0775 -Salem city
	0780 -South Boston City
	0790 -Staunton City
	0800 -Suffolk City
	0810 -Virginia Beach City
	0820 -Waynesboro City
	0830 -Williamsburg City
	0840 -Winchester City
	0997 -Out of State
	0999 -Unknown

Length: 4   **Column Position:** 55 -58

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Include all leading zeros

Field #: 13   Date of Birth

Description: The clients date of birth

Record(s): Admission

SCADS Data File - **Field Definitions**

Valid Entries:	Any valid date prior to the admission date
Length: 8	**Column Position:** 59 -66
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	YYYYMMDD

Field #: 14   **Race**

Description: Client's race according to categories established by the 1990 U.S. Census Bureau.
NOTE: Hispanic origin is not a race.

Record(s): Admission

Valid Entries:

01-   Alaskan Native (Aleut, Eskimo, Indian): A person having racial origins in any of the original people of Alaska.

02-   American Indian: A person having racial origins in any of the original peoples of North America and who maintains cultural identification through a tribal affiliation or community recognition.

03- Asian or Pacific Islander: A person having racial origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (including Guam, Samoa, and Hawaii).

13- **ASIAN:** ORIGINS IN ANY OF THE ORIGINAL PEOPLE OF THE FAR EAST, THE INDIAN SUBCONTINENT , OR SOUTHEAST ASIA, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PHILIPPINE ISLANDS, THAILAND, VIETNAM.

23- **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.

04-   Black/African American: A person having racial origins in any of the black racial groups of Africa.

05-   White/Caucasian: A person having racial origins in any of the original peoples of Europe, North Africa, or the Middle East

06-   Other: A default category for use in instances in which the client is not classified above or whose racial origin group is regarded as a racial class distinct from the above listed categories.

97   Unknown
98   Not Collected

Length: 2	**Column Position:** 67 -68
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as appropriate

SCADS Data File - Field Definitions

Field #: 15	**Hispanic Origin**

Description:	As defined by the U.S. Census Bureau in 1990, a person of Spanish origin or descent regardless of race.
Record(s):	Admission
Valid Entries:	**01** -Puerto Rican **02** -Mexican **03** -Cuban **04** -Other Hispanic: A person from Central or South America and all other Spanish cultures (including Spain) regardless of race. **05** -Not of Hispanic Origin **97** -Unknown **98** -Not Collected
Length: 2	**Column Position:** 69-70
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as appropriate

Field #: 16	**Gender**

Description:	The client's gender
Record(s):	Admission
Valid Entries:	**01** -Female **02** -Male **97** -Unknown **98** -Not Collected
Length: 2	**Column Position:** 71-72
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros

Field #: 17	**Educational Level**

Description:	Client's level of education at time of the transaction
Record(s):	Admission/Discharge/Program

SCADS Data File - **Field Definitions**

Valid Entries:	**01**- Never Attended School
	03- Preschool/Kindergarten
	04- Some Elementary School (Grades 1-7)
	05- Completed Elementary School (Grade 8)
	06- Some High School or Vocational Education (Grades 9-11)
	07- Completed High School or Vocational Education (Grade 12 or High School Equivalent)
	08- Some College
	09- Completed College (Undergraduate degree or higher)
	97- Unknown
	98- Not Collected

Length: 2   **Column Position:** 73-74

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as appropriate

Field #: 18   **Employment Status**

Description: The client's employment status at the time of the transaction

Record(s):   Admission/Discharge/Program

Valid Entries: 01- Employed Full time (35 hours a week or more; includes Armed Forces)
02- Employed Part time (less than 35 hours a week)
03- Unemployed: Client is unemployed at the time of admission, but seeking employment
06- Not in Labor Force: Homemaker
07- Not in Labor Force: Student
08- Not in Labor Force: Retired
09- Not in Labor Force: Disabled
10- Not in Labor Force: Resident/Inmate of Institution
11- Not in Labor Force-Other: Unemployed and not seeking employment
97- Unknown
98- Not Collected

Length: 2   **Column Position:** 75-76

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as appropriate

Field #: 19   **Filler**

SCADS Data File - Field Definitions

Description:	Filler for positions unused at this time.
Record(s):	Admission/Discharge/Program
Valid Entries:	Spaces
Length: 2	**Column Position:** 77-78
Data Type: Alpha	**Field Requirement:** N/A
Format:	Spaces

Field #: 20   **Client's Income**

Description:	The client's immediate family annual income (i.e., spouse, parents for children under 18, etc.) at the time of the transaction
Record(s):	Admission/Discharge/Program
Valid Entries:	**000 through 996** -The family income in thousands **997** -Unknown **998** -Not Collected
Length: 3	**Column Position:** 79-81
Data Type: Numeric	**Field Requirement:** ODS - Optional
Format:	Leading zeros as appropriate

Field #: 21   **Sources of Income**

Description:	The source(s) of the client's income listed in field 20. This field occurs 4 times in two character increments. Check all that apply and place **00** in any unused occurrences of the field.
Record(s):	Admission/Discharge/Program
Valid Entries:	**01** -Wages/Salary **02** -Public Assistance **03** -Retirement/Pension **04** -Disability **05** -Other **06** -None **97** -Unknown **98** -Not Collected

SCADS Data File - **Field Definitions**

Length: 2	**Column Position:** 82-83;84-85;86-87;88-89
Data Type: Numeric	**Field Requirement:** ODS -Optional
Format:	Leading zeros as appropriate; Place **00** in any unused occurrences

Field #: 22   **SSI Eligibility**

Description: Indicates the client's eligibility status with the DSS administered Supplemental Security Income program

Record(s): Admission/Discharge

Valid Entries:
01- Eligible and Receiving Payments
02- Eligible but not receiving payments
03- Potentially Eligible: Case has not been submitted for, or is in the process of determination
04- Ineligible: The case has been submitted and reviewed with a determination, that the client is ineligible to receive payments.
05- Not Applicable
97- Unknown
98- Not Collected

Length: 2	**Column Position:** 90-91
Data Type: Numeric	**Field Requirement:** ODS -Optional
Format:	Leading zeros as appropriate

Field #: 23   **SSDI Eligibility**

Description: Indicates the client's eligibility status with the DSS administered Supplemental Security Disability Income program

Record(s): Admission

Valid Entries:
01- Eligible and Receiving Payments
02- Eligible but not receiving payments
03- Potentially Eligible: Case has not been submitted for, or is in the process of, Determination
04- Ineligible: The case has been submitted and reviewed with a determination that the client is ineligible to receive payments.
05- Not Applicable

97- Unknown	
98- Not Collected	

Length: 4   **Column Position:** 92-93

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Leading zeros as appropriate

Field #: 24   **Payment Sources**

Description: The expected sources for the payment of the client's service bills, as based on the revenue items listed in the Performance Contract. This field occurs 10 times in 2 character increments. Place a **00** in any unused occurrences of the field. The first coccurrence represents the primary source of payment and must contain an entry other than **00**, with subsequent occurrences indicating secondary source, tertiary source, and so on.

Record(s): Admission

Valid Entries:
01- Direct Client (includes designated payees)
02- Blue Cross/Blue Shield
03- Other Private Insurance
04- Medicare (Title XVIII)
05- Medicaid (Title XIX)
06- SSBG (Social Services Block Grant)
07- ASAP (Alcohol Safety Action Program)
08- SARPOS (Substance Abuse Residential Purchase of Services
09- DRS (Department of Rehabilitative Services)
10- CHAMPUS
11- School System
12- Courts
13- Other Public Sources
14- None
97- Unknown
98- Not Collected

Length: 2   **Column Position:** 94-95; 96-97; 98-99; 100-101; 102-103; 104-105; 106-107; 108-109; 110-111; 112-113

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Place **00** in any unused occurrence of this field; leading zeros where appropriate

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Field #: 25   **Current Living Arrangements**

SCADS Data File - **Field Definitions**

Description:	This field represents the clients living arrangement at the time of the transaction.
Record(s):	Admission/Discharge/Program
Valid Entries:	**01**- Lives Alone
	02- Lives with Relatives (nuclear or extended family)
	03- Lives with non-related persons
	97- Unknown
	98- Not Collected

Length: 2   **Column Position:** 114-115

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Leading zeros as appropriate

Field #: 26   **Type of Residence**

Description:	The client's type of residence at the time of the transaction.
Record(s):	Admission/Discharge/Program
Valid Entries:	**01**- Private Residence/Household
	02- Shelter
	03- Boarding Home
	04- Foster Home
	05- Licensed Home for Adults (non-CSB)
	06- CSB Residential Service
	07- Other Residential Setting
	08- Nursing Home
	09- Hospital
	10- Local Jail or Correctional Facility
	11- State Correctional Facility
	12- Other Institutional Setting
	13- None (Homeless, non-sheltered)
	97- Unknown
	98- Not Collected

Length: 2   **Column Position:** 116-117

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Leading zeros as appropriate

Field #: 27   **Marital Status**

SCADS Data File - **Field Definitions**

Description:	The client's marital status at the time of the transaction
Record(s):	Admission/Discharge/Program
Valid Entries:	**01**- Never Married (including those whose only marriage has been annulled) **02**- Now Married (includes living as married) **03**- Separated **04**- Divorced **05**- Widowed **97**- Unknown **98**- Not Collected
Length: 2	**Column Position:** 118-119
Data Type: Numeric	**Field Requirement:** ODS -Optional
Format:	Leading zeros as appropriate

Field #: 28   **Veteran Status**

Description:	Indicates whether the client has served on active duty in the Armed forces of the United States (including the Coast Guard) at the time of admission. Do not include those whose only service was in the Reserves, National Guard, or Merchant Marine.
Record(s):	Admission
Valid Entries:	**Y**- Yes **N**- No **U**- Unknown **X**- Not Collected
Length: 1	**Column Position:** 120
Data Type: Alpha	**Field Requirement:** ODS -Optional
Format:	

Field #: 29   **Court Ordered Evaluation**

Description:	This element captures if an evaluation as the result of a court order was in place for this client at the time of admission, and if yes, the type of court order requiring the evaluation.
Record(s):	Admission

Valid Entries:	**06-** Forensic-Other
	07- Other Court Ordered Evaluation (e.g., Child Custody, SA Evaluation, etc.)
	08- No-A court ordered evaluation was not in place at the time of admission
	09- Competency to Stand Trial
	10- Sanity
	11- Competency to Stand Trial/Sanity
	12- Pre-Sentencing
	13- Sex Offender Pre-screening
	14- Capital Sentencing
	15- Juvenile Transfer to an Adult Court
	16- Substance Abuse Evaluation
	97- Unknown
	98- Not Collected

Length: 2   **Column Position:** 121-122

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Leading zeros as appropriate

Field #: 30 **Legal Status**

Description: Indicates the client's legal status at the time of admission.

Record(s): Admission

Valid Entries:
01- Voluntary (referred): A person who voluntarily seeks admissions
02- Involuntary Civil (ordered): A person committed for a non-criminal proceeding, whether for purposes of examination and observation or for treatment.
04- Involuntary Juvenile Court: Guardianship remains with the parent, child remains in the community and is court ordered for treatment
06- Involuntary Criminal (ordered): A person under criminal charges and/or convictions pending for purposes of treatment or evaluation
07- Involuntary Criminal (ordered): A person under criminal charges and incompetent to stand trial.
08- Involuntary Criminal (ordered): A person under criminal charges who has been adjudicated not guilty by reason of insanity (NGRI)
09- Involuntary Criminal (ordered): A person under criminal charges with a determination of sexual psychopathy and related legal categories
10- Involuntary Criminal (ordered): A person under criminal charges who is transferred from a correctional institution
11- Treatment Ordered: Conditional release (NGRI)
12- Treatment Ordered: Condition of diversion
13- Treatment Ordered: Condition of probation

SCADS Data File - **Field Definitions**

14- Treatment Ordered: Condition of Parole
97- Unknown
98- Not Collected

Length: 2   **Column Position:** 123-124

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Leading zeros as appropriate

Field #: 31   **Guardianship**

Description: A client which, through a court finding, has been declared a legal ward of another individual due to health impairment, physical disability, mental illness, or mental retardation, or as a resolution of custody for a minor child.

Record(s): Admission/Discharge

Valid Entries:
Y- Yes
N- No
U- Unknown
X- Not Collected

Length: 1   **Column Position:** 125

Data Type: Alpha   **Field Requirement:** ODS -Optional

Format:

Field #: 32   **Number of Prior Admissions for this Provider**

Description: Indicates the number of times the client has been admitted to the same CSB.

Record(s): Admission

Valid Entries:
00- 0
01- 1
02- 2
03- 3
04- 4
05- 5 or More
97- Unknown
98- Not Collected

Length: 2   **Column Position:** 126-127

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format:	Leading zeros as appropriate

Field #: 33   **Filler**

Description:	Blank spaces in columns that are currently unused in the file.
Record(s):	Admission/Discharge/Program
Valid Entries:	Spaces
Length: 2	**Column Position:** 128-129
Data Type: Character	**Field Requirement:** N/A
Format:	

Field #: 34   **Number of Prior Episodes in any Drug/Alcohol Programs**

Description:	The number of times the client has been admitted to any drug or alcohol care provider (including the CSB) programs for care. Note that the number listed here is for complete episodes of care (i.e., for a CSB this would be the number of board admissions) and does not indicate the number of programs the client has been enrolled in.
Record(s):	Admission
Valid Entries:	**00**- 0 **01**- 1 **02**- 2 **03**- 3 **04**- 4 **05**- 5 or More **97**- Unknown **98**- Not Collected
Length: 2	**Column Position:** 130-131
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros where appropriate

Field #: 35   **Ever Admitted to a Hospital for MH Problem(s)**

Description:	Indicates if the client has ever been admitted to <u>any</u> hospital for a mental health problem at the time of admission.

SCADS Data File - **Field Definitions**

Record(s):	Admission
Valid Entries:	**Y**- Yes **N**- No **U**- Unknown **X**- Not Collected
Length: 1	**Column Position:** 132
Data Type: Alpha	**Field Requirement:** ODS -Optional
Format:	

Field #: 36   **Ever Admitted to a Training Center**

Description:	Indicates whether the client has ever been admitted to a state (any state) run MR training facility at the time of admission.
Record(s):	Admission
Valid Entries:	**Y**- Yes **N**- No **U**- Unknown **X**- Not Collected
Length: 1	**Column Position:** 133
Data Type: Alpha	**Field Requirement:** ODS -Optional
Format:	

Field #: 37   **Diagnosis: Axis I -Primary**

Description:	Indicates the Axis I-Primary diagnosis as determined by clinical staff, based on the DSM IV coding scheme at the time of the transaction.
Record(s):	Admission/Discharge/Program
Valid Entries:	Any DSM IV valid diagnosis code for Axis I (without the decimal point) **99997**- Unknown **99998**- Not Collected
Length: 5	**Column Position:** 134-138
Data Type: Alpha-Numeric	**Field Requirement:** ODS -Optional

Format:	XXXXX

Field #: 38   **Diagnosis: Axis I-Secondary**

Description: Indicates the Axis I-Secondary diagnosis as determined by clinical staff, based on the DSM IV coding scheme at the time of the transaction.

Record(s): Admission/Discharge/Program

Valid Entries: Any DSM IV valid diagnosis code for Axis I (without the decimal point)
99997- Unknown
99998- Not Collected

Length: 5   **Column Position:** 139-143

Data Type: Alpha-Numeric   **Field Requirement:** ODS -Optional

Format: XXXXX

Field #: 39   **Diagnosis: Axis II -Primary**

Description: Indicates the Axis II-Primary diagnosis as determined by clinical staff, based on the DSM IV coding scheme at the time of the transaction.

Record(s): Admission/Discharge/Program

Valid Entries: Any DSM IV valid diagnosis code for Axis II (without the decimal point)
99997- Unknown
99998- Not Collected

Length: 5   **Column Position:** 144-148

Data Type: Alpha-Numeric   **Field Requirement:** ODS -Optional

Format: XXXXX

Field #: 40   **Diagnosis: Axis II -Secondary**

Description: Indicates the Axis II-Secondary diagnosis as determined by clinical staff, based on the DSM IV coding scheme at the time of the transaction.

Record(s): Admission/Discharge/Program

Valid Entries: Any DSM IV valid diagnosis code for Axis I (without the decimal point)
99997- Unknown

SCADS Data File - **Field Definitions**

99998- Not Collected

Length: 5   **Column Position:**   149-153

Data Type: Alpha-Numeric   **Field Requirement:** ODS -Optional

Format: XXXXX

Field #: 41   Diagnosis: Axis III

Description: Indicates the Axis III diagnosis as determined by clinical staff, based on the DSM IV coding scheme at the time of the transaction.

Record(s):   Admission/Discharge/Program

Valid Entries: **Y**- Yes
N- No
U- Unknown
X- Not Collected

Length: 1   **Column Position:**   154

Data Type: Alpha   **Field Requirement:** ODS -Optional

Format:

Field #: 42   Filler

Description: Blank spaces in columns that are currently unused in the file.

Record(s):   Admission/Discharge/Program

Valid Entries: Spaces

Length: 4   **Column Position:**   155-160

Data Type: Character   **Field Requirement:** N/A

Format:

Field #: 43   Diagnosis: Axis V -Current GAF

Description: 3 digit code depicting the client's current GAF for MH level of disability as based on the DSM IV coding scheme at the time of the transaction.

Record(s):   Admission/Discharge/Program

Valid Entries:	Valid DSM IV MH level of disability GAF code
Length: 3	**Column Position:** 161-163
Data Type: Numeric	**Field Requirement:** ODS -Optional
Format:	Leading zeros as appropriate

Field #: 44   **Filler**

Description:	Blank spaces in columns that are currently unused in the file.
Record(s):	Admission/Discharge/Program
Valid Entries:	Spaces
Length: 1	**Column Position:** 164
Data Type: Character	**Field Requirement:** N/A
Format:	

Field #: 45   **Principal Axis**

Description:	Indicates whether Axis I or Axis II is the principle diagnosis for this client at the time of the transaction.
Record(s):	Admission/Discharge/Program
Valid Entries:	**1**- Axis I **2**- Axis II **7**- Unknown **8**- Not Collected
Length: 1	**Column Position:** 165
Data Type: Numeric	**Field Requirement:** ODS -Optional
Format:	

Field #: 46   **SMI/SED-At Risk**

Description:	Indicates if the client has been diagnosed as Seriously Mentally Ill or Seriously Emotionally Disturbed /At Risk of a Serious Emotional Disturbance at the time of the transaction (see the ICDE IV for listing of the definition for SMI/SED-At Risk)

SCADS Data File - **Field Definitions**

Record(s):	Admission/Discharge/Program
Valid Entries:	**Y**- SMI (ages 18+) **S**- SED (ages 0 through 17) **R**- At risk of developing SED (ages 0-6) **N**- No (No SMI, No SED, Not at Risk) **U**- Unknown **X**- Not Collected
Length:	**Column Position:**
Data Type:	Alphabetic **Field Requirement:** ODS -Optional
Format:	

Field #: 47   **Filler**

Description:	Blank spaces in columns that are currently unused in the file.
Record(s):	Admission/Discharge/Program
Valid Entries:	Spaces
Length: 1	**Column Position:** 167
Data Type:	Character **Field Requirement:** N/A
Format:	

Field #: 48   **Physical Disability**

Description:	Indicates if the client has a physical disability at the time of the transaction. The field occurs 7 times in 2 character increments. Place **00** in any unused occurrences of the field. The first occurrence must contain an entry other than **00**, and if the first occurrence contains an **08**, the remaining occurrences must contain **00**.
Record(s):	Admission/Discharge/Program
Valid Entries:	**01**- Deafness or Severe Hearing Loss **02**- Blindness or Severe Visual Impairment **03**- Non-Ambulation or Major Difficulty in Ambulation **04-** Unable to Communicate with Verbal Speech **05-** Traumatic Brain Injury **06-** Major Medical Condition/Chronic Health Problems requiring Ongoing Treatment **07-** Other **08-** None **97-** Unknown

98- Not Collected

Length: 2   **Column Position:** 168-169; 170-171; 172-173; *174-175;* 176-177; 178-179; 180-181

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Leading zeros as appropriate

Field #: 49   **Primary Disability**

Description: Indicates whether the client is singly or multiply impaired at the time of the transaction.

Record(s):   Admission/Discharge/Program

Valid Entries: **01**- MH
02- MR
03- SA
04- MH & MR
05- MH & SA
06- MR & SA
07- MH & MR & SA
97- Unknown
98- Not Collected

Length: 2   **Column Position:**   182-183

Data Type: Numeric   **Field Requirement:** ODS -Optional

Format: Leading zeros as appropriate

Field #: 50   **Substance Abuse Type**

Description: Indicates the client's type of substance abuse disability at the time of transaction

Record(s):   Discharge/Program

Valid Entries: **01**- Alcohol Abuse
02- Drug Abuse
03- Polydrug Abuse
04- None
97- Unknown
98- Not Collected

Length: 2   **Column Position:**   184-185

SCADS Data File - **Field Definitions**

Data Type:	Numeric	**Field Requirement:** ODS -Optional
Format:	Leading zeros as appropriate	

Field #: 51 **Filler**

Description: Blank spaces in columns that are currently unused in the file.

Record(s): Admission/Discharge/Program

Valid Entries: Spaces

Length: 2 **Column Position:** 186-187

Data Type: Character **Field Requirement:** N/A

Format:

Field #: 52 **SA Primary Drug: Type of Drug**

Description: Identifies the primary drug of abuse for the client at the time of the transaction

Record(s): Discharge/Program

Valid Entries:
01- None
02- Alcohol
03- Cocaine/Crack
04- Marijuana/Hashish -Including THC and any other cannabis sativa preparations
05- Heroin
06- Non-prescription Methadone
07- Other Opiates/Synthetics -Including codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine like effects
08- PCP-Phencyclidine
09- Other Hallucinogens -Including LSD, DMT, STP mescaline, psilocybin, peyote, etc.
10- Methamphetamines
11- Other amphetamines -Including Benzedrine, Dexedrine, Preludin, Ritalin, and any other "...amines" and related drugs
12- Other Stimulants
13- Benzodiazepine -Including Diazepam, Flurazepam, Chiordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam and Halazepam
14- Other Tranquilizers
15- Barbiturates -Including Phenobarbital, Seconal, Nembutal, etc
16- Other Sedatives/Hypnotics -Including chioralhydrate, Placidyl, Doriden, mepromate, etc
17- Inhalants - Including ether, glue, chloroform, nitrous-oxide, gasoline, paint

thinner, etc
18- Over the Counter - Including aspirin, cough syrup, Sominex, over the counter
    diet aids (e.g., Dexatrim), and any other legally obtained, non-prescription
    medication
20- Other
96- Not Applicable
97- Unknown
98- Not Collected

****NOTE:**   If the Co-Dependent/Collateral field (Field # 9 of the dataset) is equal to "Y", this
field may contain "**96**". If the Co-Dependent/Collateral field is equal to "N", this
field **may not** contain "**96**".

Length: 2   **Column Position:**   188-189

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as applicable

Field #: 53   **SA Primary Drug: Frequency of Use**

Description: Identifies the frequency the client uses the primary drug of abuse as of the date of
the transaction.

Record(s):   Discharge/Program

Valid Entries: **01**- No use in the Past Month
02- 1-3 Times in the Past Month
03- 1-2 Times per Week
04- 3-6 Times per Week
05- Daily
97- Unknown
98- Not Collected

****NOTE:**   If SA Primary Drug Type equals "**02**" (Alcohol), this field may contain "**98**" (Not
Collected). SA Primary Drug Type is equal to "**96**" (Not Applicable), then this field
must contain "**98**" (Not Collected).

Length: 2   **Column Position:**   190-191

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as appropriate

Field #: 54   **SA Primary Drug: Method of Use**

Description: Indicates the client's method of use for the primary drug of abuse identified in field

53 at the time of the transaction.

Record(s):   Discharge/Program

Valid Entries: **01-** Oral
                     02- Smoking
                     03- Inhalation
                     04- Injection (IV or Intramuscular)
                     05- Other
                     97- Unknown
                     98- Not Collected

****NOTE:**   If SA Primary Drug Type is equal to "**02**" (Alcohol), this field may contain "**98**"
                    (Not Collected). If SA Primary Drug Type is equal to "**96**" (Not Applicable), then
                    this field must contain "**98**" (Not Collected).

Length: 2   **Column Position:** 192-193

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as applicable

Field #: 55   **SA Primary Drug: Age at First Use**

Description: Indicates the age when the client first began using the primary drug of abuse listed in
                     field 53 above as of the time of the transaction.

Record(s):   Discharge/Program

Valid Entries: **00**-   Newborn
                     01-**96**- The actual age of first use
                     97 -   Unknown
                     98 -   Not Collected

Length: 2   **Column Position:** 194-195

Data Type: Numeric   **Field Requirement:** MDS -Required

Format: Leading zeros as appropriate

Field #: 56   **SA Secondary Drug: Type of Drug**

Description: Identifies the Secondary drug of abuse for the client at the time of the transaction

Record(s):   Discharge/Program

Valid Entries:	Use the responses for SA Primary Drug: Type of Drug (Field # 52)
Length: 2	**Column Position:** 196-197
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as applicable

Field #: 57   **SA Secondary Drug: Frequency of Use**

Description:	Identifies the frequency the client uses the secondary drug of abuse as of the date of the transaction.
Record(s):	Discharge/Program
Valid Entries:	Use the responses for SA Primary Drug: Frequency of Use (Field # 53)
Length: 2	**Column Position:** 198-199
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as appropriate

Field #: 58   **SA Secondary Drug: Method Use**

Description:	Indicates the client's method of use for the secondary drug of abuse identified in Field # 57 at the time of the transaction.
Record(s):	Discharge/Program
Valid Entries:	Use the responses for the SA Primary Drug of Abuse: Method of Use (Field # 54)
Length: 2	**Column Position:** 200-201
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as appropriate

Field #: 59   **SA Secondary Drug: Age at First Use**

Description:	Indicates the age when the client first began using the secondary drug of abuse listed in Field # 57 above as of the time of the transaction.

SCADS Data File - **Field Definitions**

Record(s):	Discharge/Program
Valid Entries:	Use the same responses as those provided for SA Primary Drug: Age at First Use (Field # 55)
Length: 2	**Column Position:** 202-203
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as appropriate

Field #: 60	**SA Tertiary Drug: Type of Drug**
Description:	Identifies the tertiary drug of abuse for the client at the time of the transaction
Record(s):	Discharge/Program
Valid Entries:	Use the responses for SA Primary Drug: Type of Drug (Field # 52)
Length: 2	**Column Position:** 204-205
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as applicable

Field #: 61	**SA Tertiary Drug: Frequency of Use**
Description:	Identifies the frequency the client uses the tertiary drug of abuse as of the date of the transaction.
Record(s):	Discharge/Program
Valid Entries:	Use the responses for SA Primary Drug: Frequency of Use (Field # 53)
Length: 2	**Column Position:** 206-207
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	Leading zeros as appropriate

Field #: 62	**SA Tertiary Drug: Method of Use**
Description:	Indicates the client's method of use for the tertiary drug of abuse identified in Field # 61 at the time of the transaction.

SCADS Data File - Field Definitions

Record(s):	Discharge/Program
Valid Entries:	Use the responses for the SA Primary Drug of Abuse: Method of Use (Field # 54)
Length: 2 **Column Position:**	208-209
Data Type:	Numeric **Field Requirement:** MDS -Required
Format:	Leading zeros as applicable

Field #: 63   **SA Tertiary Drug: Age at First Use**

Description:	Indicates the age when the client first began using the tertiary drug of abuse listed in Field # 61 above as of the time of the transaction.
Record(s):	Discharge/Program
Valid Entries:	Use the same responses as those provided for SA Primary Drug: Age at First Use (Field #55)
Length: 2 **Column Position:**	210-211
Data Type:	Numeric **Field Requirement:** MDS -Required
Format:	Leading zeros as appropriate

Field #: 64   **Date of CSB Discharge**

Description:	Date when the client is formally discharged from the CSB, for whatever reason, and the provision of service ceases for this client. This date marks the end of the episode of care.
Record(s):	Discharge
Valid Entries:	Any valid date greater than the CSB Admission Date (Field #K6)
Length: 8 **Column Position:**	212-219
Data Type:	Numeric **Field Requirement:** MDS -Required
Format:	YYYYMMDD

Field #: 65   **CSB Discharge Status**

Description:	Indicates whether the client has completed the regimen of care the provider set forth

for this episode at the time of discharge.

Record(s):	Discharge

Valid Entries: **01**- Discharged-Evaluation/Assessment: Client was admitted for evaluation/assessment purposes only.
02- Discharged-Treatment Completed: Client successfully completed the planned treatment
03- Discharged-Treatment Not Completed: Administratively discontinued, CSB lost contact with client, case closed.
04- Discharged-Treatment not Completed: Client Died
05- Discharged-Treatment not Completed: Client terminated due to non- compliance (breaking program rules)
06- Discharged-Treatment not Completed: Client terminated services against advice
07- Discharge-Other
97- Unknown
98- Not Collected

Length: 2   **Column Position:**   220-221

Data Type: Numeric   **Field Requirement:** ODS - Optional

Format: Leading zeros as appropriate

Field #: 66   **CSB Discharge Referral**

Description: Indicates the primary referral source that the client was provided at the time of discharge from the CSB

Record(s):   Discharge

Valid Entries: **01-** No Referral (self, family, friend took responsibility)
02- Alcohol/Drug Care Provider
03- Other Health Care Provider
04- MH Care Provider
05- MR Care Provider
06- School System/Education Agency
07- Employer/EAP
08- Alcohol Safety Action Program (ASAP/DUI)
09- Community Diversion Incentive (CDI) Program
10- Virginia CSB
11- Other Community Referral
97- Unknown
98- Not Collected

Length: 2   **Column Position:**   222-223

SCADS Data File - **Field Definitions**

Data Type:	Numeric	Field Requirement:	ODS - Optional
Format:	Leading zeros as appropriate		

Field #: 67   **Client Pregnant**

Description:	Indicates whether the client is pregnant at the time of the transaction
Record(s):	Discharge/Program
Valid Entries:	**Y**- Yes **N**- No **U**- Unknown **X**- Not Collected
Length: 1	**Column Position:** 224
Data Type: Alphabetic	**Field Requirement:** ODS - Optional
Format:	

Field #: 68   **Filler**

Description:	Blank spaces in columns that are currently unused in the file.
Record(s):	Admission/Discharge/Program
Valid Entries:	Spaces
Length: 1	**Column Position:** 225
Data Type: Character	**Field Requirement:** N/A
Format:	

Field #: 69   **Units of Service**

Description:	Total units of service received by this client upon program release for that program as defined by the Core Services Taxonomy.
Record(s):	Program
Valid Entries:	**001**-**996**- The total of the services rounded to the nearest whole number **997**- Unknown **998**- Not Collected
Length: 3	**Column Position:** 226-228

Data Type:	Numeric	**Field Requirement:** ODS - Optional
Format:	Whole numbers only, leading zeros as applicable	

Field #: 70   **Female with Dependent Children**

Description: Indicates that the client is a female living with dependent children at the time of the transaction.

Record(s): Discharge/Program

Valid Entries:
Y- Yes
N- No
U- Unknown
X- Not Collected

Length: 1   **Column Position:** 229

Data Type: Alphabetic   **Field Requirement:** ODS - Optional

Format:

Field #: 71   **Special Education**

Description: Indicates whether the client is enrolled in a special education class at the time of the transaction.

Record(s): Admission/Discharge/Program

Valid Entries:
Y- Yes
N- No
U- Unknown
X- Not Collected

Length: 1   **Column Position:** 230

Data Type: Alphabetic   **Field Requirement:** ODS - Optional

Format:

Field #: 72   **Date of Program Release**

Description: Provides the date when the client is released from the program indicated in Field # K7. The program release may be for a CSB discharge, or to move to a different program within the CSB.

Record(s): Program

SCADS Data File - **Field Definitions**

Valid Entries:	Any valid date greater than the Enrollment date for the program listed in Field K7 of the record.
Length: 8	**Column Position:** 231-238
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	YYYYMMDD

Field #: 73 **Last Client Contact Date**

Description:	The date the last direct service was provided to the client prior to, or in conjunction with, the client's discharge.
Record(s):	Discharge
Valid Entries:	Any valid date > or = the CSB admission date
Length: 8	**Column Position:** 239-246
Data Type: Numeric	**Field Requirement:** MDS -Required
Format:	YYYYMMDD

Field #: 74 **Filler**

Description:	Blank spaces in columns that are currently unused in the file.
Record(s):	Admission/Discharge/Program
Valid Entries:	Spaces
Length: 10	**Column Position:** 247-256
Data Type: Character	**Field Requirement:** N/A

SCADS DATA FILE LAYOUT AND DESCRIPTION

SCADS Data File Fields - Valid Entries Updated on 06/27/02

Values <u>before</u> table changes

XREF-ADMIT REFERRAL (Field #10)

CSB	CSB DESC	TEDS	TEDS DESC
01	Self	01	Individual/Self
02	Family or Friend	01	Individual/Self
06	MR Care Provider	03	Other Health Care Provider
07	School Sys/Educational	04	School (Educational)
08	Employer/EAP	05	Employer/EAP
09	ASAP/DUI	07	Court/CJS/DUI/DWI
10	Police/Sheriff	07	Court/CJS/DUI/DWI
11	Local Correctional Facility	07	Court/CJS/DUI/DWI
12	State Correctional Facility	07	Court/CJS/DUI/DWI
13	CDI Program	06	Other Community Referral
14	Probation	07	Court/CJS/DUI/DWI
15	Parole	07	Court/CJS/DUI/DWI
16	Other Community Referral	06	Other Community Referral
17	Private Hospital	03	Other Health Care Provider
18	Private Physician	03	Other Health Care Provider
19	Private MH Outpatient	03	Other Health Care Provider
20	State MH Outpatient Pract.	03	Other Health Care Provider
21	State MH Facility	03	Other Health Care Provider
22	State MR Facility	03	Other Health Care Provider
23	Non-Hospital SA Care Prov.	02	Alcohol/Drug Abuse Care
24	Court	07	Court/CJS/DUI/DWI
25	Department of Social	06	Other Community Referral
26	Health Department	06	Other Community Referral
27	Other Virginia CSB	06	Other Community Referral
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

DRUG FREQ (Field #53, #57, #61)

VALUE	DESC
01	No Past Month Use
02	1-3 Times in Past Month
03	1-2 Times in Past Week
04	3-6 Times in Past Week
05	Daily
97	Unknown
98	Not Collected

SCADS DATA FILE LAYOUT AND DESCRIPTION

SCADS Data File Fields - Valid Entries Updated on 06/27/02

Values <u>before</u> table changes

XREF-EMPLOYMENT (Field #18)

CSB	CSB DESC	TEDS	TEDS DESC
01	Employed Full Time	01	Employed Full Time
02	Employed Part Time	02	Employed Part Time
03	Unemployed	03	Unemployed
06	Not In Labor Force:	04	Not in Labor Force
07	Not In Labor Force: Student	04	Not in Labor Force
08	Not In Labor Force: Retired	04	Not in Labor Force
09	Not In Labor Force: Disabled	04	Not in Labor Force
10	Not In Labor Force: Institut.	04	Not in Labor Force
11	Not In Labor Force: Other	04	Not in Labor Force
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

XREF-TYPE OF RESID (Field #26)

CSB	CSB DESC	TEDS	TEDS DESC
01	Private Residence/Household	03	Independent Living
02	Shelter	01	Homeless
03	Boarding Home	02	Dependent Living
04	Foster Home	02	Dependent Living
05	Lic. Home for Adults (non-CSB)	02	Dependent Living
06	CSB Residential Service	02	Dependent Living
07	Other Residential Setting	02	Dependent Living
08	Nursing Home	02	Dependent Living
09	Hospital	02	Dependent Living
10	Local Jail or Correctional Fac	02	Dependent Living
11	State Correctional Fac.	02	Dependent Living
12	Other Institutional Setting	02	Dependent Living
13	None (Homeless, Non Sheltered)	01	Homeless
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

XREF- RACE (Field #14)

CSB VALUE	CSB DESC	TEDS VALUE	TEDS DESC
01	Alaskan	01	Alaskan
02	American Indian	02	American Indian
03	Asian or Pacific Islander	03	Asian or Pacific Islander
04	Black	04	Black
05	White	05	White
06	Other	20	Other
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

SCADS DATA FILE LAYOUT AND DESCRIPTION

SCADS Data File Fields - Valid Entries Updated on 06/27/02

Values <u>after</u> table changes
(changes are in **bold italics**)

XREF-ADMIT REFERRAL (Field #10)

CSB	CSB DESC	TEDS	TEDS DESC
01	Self	01	Individual/Self
02	Family or Friend	01	Individual/Self
06	MR Care Provider	03	Other Health Care Provider
07	School Sys/Educational Auth.	04	School (Educational)
08	Employer/EAP	05	Employer/EAP
09	ASAP/DUI	07	Court/CJS/DUI/DWI
10	Police/Sheriff	07	Court/CJS/DUI/DWI
11	Local Correctional Facility	07	Court/CJS/DUI/DWI
12	State Correctional Facility	07	Court/CJS/DUI/DWI
13	CDI Program	06	Other Community Referral
14	Probation	07	Court/CJS/DUI/DWI
15	Parole	07	Court/CJS/DUI/DWI
16	Other Community Referral	06	Other Community Referral
17	Private Hospital	03	Other Health Care Provider
18	Private Physician	03	Other Health Care Provider
19	Private MH Outpatient Pract.	03	Other Health Care Provider
20	State MH Outpatient Pract.	03	Other Health Care Provider
21	State MH Facility	03	Other Health Care Provider
22	State MR Facility	03	Other Health Care Provider
23	Non-Hospital SA Care Prov.	02	Alcohol/Drug Abuse Care Prov.
24	Court	07	Court/CJS/DUI/DWI
25	Department of Social Services	06	Other Community Referral
26	Health Department	06	Other Community Referral
27	Other Virginia CSB	06	Other Community Referral
28	*Dept of Rehabilitative Service*	*06*	*Other Community Referral*
29	*Dept Soc Serv TANF Casewrk*	*06*	*Other Community Referral*
30	*Dept Soc Serv (Not TANF)*	*06*	*Other Community Referral*
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

Items 28, 29 and 30 were added.

DRUG FREQ (Field #53, #57, #61)

VALUE	DESC
01	No Past Month Use
02	1-3 Times in Past Month
03	1-2 Times in *Per Week*
04	3-6 Times in *Per Week*
05	Daily
97	Unknown
98	Not Collected

SCADS DATA FILE LAYOUT AND DESCRIPTION

SCADS Data File Fields - Valid Entries Updated on 06/27/02

Values <u>after</u> table changes
(changes are in **bold italics**)

XREF-EMPLOYMENT (Field #18)

CSB	CSB DESC	TEDS	TEDS DESC
01	Employed Full Time *(35+ hr/wk)*	01	Employed Full Time
02	Employed Part Time *(<35 hr/wk)*	02	Employed Part Time
03	Unemployed	03	Unemployed
06	Not In Labor Force: **Homemaker**	04	Not in Labor Force
07	Not In Labor Force: Student*/Job Training*	04	Not in Labor Force
08	Not In Labor Force: Retired	04	Not in Labor Force
09	Not In Labor Force: Disabled	04	Not in Labor Force
10	Not In Labor Force: Institut. **Or inmate**	04	Not in Labor Force
11	Not In Labor Force: Other	04	Not in Labor Force
12	***Employment Program***	***03***	***Unemployed***
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

Value 12 was added.

XREF-TYPE OF RESID (Field #26)

CSB	CSB DESC	TED	TEDS DESC
01	Private Residence/Household	03	Independent
02	Shelter	01	Homeless
03	Boarding Home	02	Dependent Living
04	Foster Home/Family sponsor	02	Dependent Living
05	Lic. Home for Adults (***CSB or*** non-CSB)	02	Dependent Living
06	***Community Residential***	02	Dependent Living
07	***Residential Treatment/Alcohol and Drug***	02	Dependent Living
08	Nursing Home*/**Physical Rehabilitation***	02	Dependent Living
09	***Inpatient Care***	02	Dependent Living
10	Local Jail or Correctional Facility	02	Dependent Living
11	State Correctional Facility	02	Dependent Living
12	Other Institutional Setting	02	Dependent Living
13	***Homeless/homeless shelter***	01	Homeless
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

XREF-DSM4 (Field #37, #38, #39, #40)
Added the following code

DSMCode	DESC
3051	***TOBACCO USE DISORDER***

SCADS DATA FILE LAYOUT AND DESCRIPTION

SCADS Data File Fields - Valid Entries Updated on 11/19/02

Field #: 66   CSB Discharge Referral

Description was present but codes were missing for 01 to 11

Field #: 55   SA Primary Drug: Age at First Use

To conform to the TEDS_adm_manual-9-12-01 the following documentation and software was modified;
Changed acceptable values to: **01**-*96*- The actual age of first use
From: **01**-**95**- The actual age of first use
(This also applies to Field #59 **SA Secondary Drug: Age at First Use** and Field #63 **SA Tertiary Drug: Age at First Use)**

XREF- RACE (Field #14) – added codes 13 & 23

CSB VALUE	CSB DESC	TEDS VALUE	TEDS DESC
01	Alaska *Native*	01	Alaska *Native (ALEUT, ESKIMO, INDIAN)*
02	American Indian	02	American Indian *(OTHER THAN ALASKA NATIVE)*
03	Asian or Pacific Islander	03	Asian or Pacific Islander
04	Black *or African American*	04	Black *or African American*
05	White	05	White
06	Other	20	Other
13	*Asian*	*13*	*Asian*
23	*Native Hawaiian or other Pacific Islander*	*23*	*Native Hawaiian or other Pacific Islander*
97	Unknown	97	Unknown
98	Not Collected	98	Not Collected

TEDS Admission manual GUIDELINES:
IF STATE DOES NOT DISTINGUISH BETWEEN AMERICAN INDIAN AND ALASKA NATIVE, CODE BOTH AS 02, AMERICAN INDIAN.
STATES THAT CAN SEPARATE "ASIAN" AND "NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER" SHOULD USE CODES 13 AND 23 FOR THOSE CATEGORIES. STATES THAT CANNOT MAKE THE SEPARATION SHOULD CONTINUE TO USE THE COMBINED CODE 03 UNTIL THE SEPARATION BECOMES POSSIBLE. ONCE A STATE BEGINS USING CODES 13 AND 23, CODE 03 SHOULD NO LONGER BE USED BY THAT STATE. **STATES ARE ASKED TO CONVERT TO THE NEW CATEGORIES WHEN POSSIBLE**.